

EXHIBIT 8



GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

GLOBE LIFE CENTER ■ OKLAHOMA CITY, OKLAHOMA 73184

1/28/2009

Velma Middlebrooks

REDACTED

Atlanta GA 30318

RE: Policy: 00j280363
Insured: Velma Middlebrooks

Dear Velma Middlebrooks:

We received your request to change the name of the insured of this policy. We are returning this document because the information is incomplete.

Before any changes can be made, it will be necessary for you to provide us with a copy of the legal documents reflecting the name change as well as the legal document reflecting the insured date of birth, i.e. birth certificate and or drivers license.

Once these are received, we will be happy to process your request. Please be certain to include your policy number with your request.

Enclosed is a return envelope for your convenience.

Sincerely,

Policy Service Department



**GLOBE LIFE AND ACCIDENT
INSURANCE COMPANY**

GLOBE LIFE CENTER · POLICY SERVICE DEPARTMENT · OKLAHOMA CITY OK 73184-0001 · 972-540-6542

Velma Middlebrooks

REDACTED

Atlanta GA 30318

Policy Number: 00J280363

Insured: Velma Middlebrooks

Owner: Velma Middlebrooks

Payer: Velma Middlebrooks

A request from the Owner of the policy is required for this change. Complete the form, sign and mail to:
Globe Life and Accident
Globe Life Center
Oklahoma City, OK 73184-0001

New Beneficiary Name: _____

Relationship to Insured: _____

Beneficiary Designation:

☐ Primary (1st level) ☐ Contingent (2nd level) ☐ Tertiary (3rd level) _____%

New Beneficiary Name: _____

Relationship To Insured: _____

Beneficiary Designation:

☐ Primary (1st level) ☐ Contingent (2nd level) ☐ Tertiary (3rd level) _____%

New Beneficiary Name: _____

Relationship to Insured: _____

Beneficiary Designation:

☐ Primary (1st level) ☐ Contingent (2nd level) ☐ Tertiary (3rd level) _____%

New Beneficiary Name: _____

Relationship To Insured: _____

Beneficiary Designation:

☐ Primary (1st level) ☐ Contingent (2nd level) ☐ Tertiary (3rd level) _____%

If percent is not indicated, all benefits are shared equally.

I hereby revoke all previous beneficiary designations and name the above listed beneficiary(s) as of the date signed.

Date: _____

Telephone Number: () - _____

Name of Policy Owner: _____

Signature of Policy Owner: _____

Owner Relationship to Insured: _____

☐ I certify that I am the person as stated above.